

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		68904	1/15/00
O.I.P.E. CLASSIFIER		5	2-4-00
FORMALITY REVIEW		6158	2-4-00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
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6	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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